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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004295 (2)**

1. Corporation Name

RESOURCES FOR CHILDREN, INC.

Principal Place of Business

Mailing Address

**5250 S.W. 84TH STREET
MIAMI FL 33143**

**5250 S.W. 84TH STREET
MIAMI FL 33143**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/23/1993

4. FEI Number

65-0439900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**BLECHMAN, RACHEL
5250 S.W. 84TH STREET
MIAMI FL 33143**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLECHMAN, RACHEL	
STREET ADDRESS	5250 S.W. 84TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	

1.1 TITLE	G. David Black	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P 5949 N.E. 6 AVE.	
1.3 STREET ADDRESS	Miami Fla.	
1.4 CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> DELETE
NAME	G. DAVID BLACK	
STREET ADDRESS	5949 NE 6TH AVE	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE	Cox, Petey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	T 8375 SW 52 Ave	
2.3 STREET ADDRESS	Miami, Fla. 33142	
2.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	KEMPEL, MARGARET	
STREET ADDRESS	13500 NE 3RD CT #107	
CITY-ST-ZIP	N. MIAMI FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> DELETE
NAME	COX, PETEY	
STREET ADDRESS	8375 SW 52ND AVE	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE	D Neasman, Annie RN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1350 NW 14 St.	
4.3 STREET ADDRESS	Miami, Fla. 33125	
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	NEASMAN, ANNIE RN	
STREET ADDRESS	1350 NW 14 ST	
CITY-ST-ZIP	MIAMI FL 33125	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	S NEUMANN, GAIL E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	11220 S.W. 175th ST.	
6.3 STREET ADDRESS	MIAMI, FLORIDA 33157	
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PRESIDENT

1/15/98

(305) 758-0311

CR2037 (10/97)